

Social Work Bursaries

PO Box 141
Hesketh House
200-220 Broadway
Fleetwood
FY7 9AS

Telephone: 0300 330 1342

Email: nhsbsa.swb1@nhsbsa.nhs.uk

Website: www.nhsbsa.nhs.uk/Students

Student reference number:

Date: 31 May 2017

Dear student,

Re: Childcare reconciliation form (Term 2: 26 December 2016 – 30 April 2017)

Please ask your childcare provider to complete the table enclosed detailing the fees for your childcare in the period specified above. If you have used more than one childcare provider in this period **you must use a separate form for each of them**. Do not include any costs covered by free Early Years Education.

Please post your completed Student and Childcare Provider Declarations and *Childcare reconciliation form/s* to:

Social Work Bursaries, PO Box 141, 200-220 Broadway, Fleetwood, FY7 9AS.

Student name	<input type="text"/>	Ref number	<input type="text"/>
Provider name	<input type="text"/>		
Provider address	<input type="text"/>		
Provider Email	<input type="text"/>		

Student declaration

I declare that the information I have given on this form is a complete and accurate record of the childcare costs I have incurred for this period. I understand and accept that if I provide false or misleading information the Childcare Allowance I receive may be withdrawn. I consent to Student Services contacting the childcare provider detailed on this form to verify the information provided.

I understand that I must retain all of my childcare receipts as these may be requested by Student Services at any point during my academic year for random sample checking. I understand and accept that if I do not provide these when asked, all of the Childcare Allowance paid to me for that period will be raised as an overpayment and I will have to repay it to Student Services.

I understand that Student Services may share the information on this form with NHS Protect for the purposes of the prevention, detection, investigation and prosecution of fraud or any other unlawful activity affecting Social Work Bursaries.

Signature Print name

Date / / Tel number

If you have any queries, please do not hesitate to contact us using the details above.

Yours sincerely,

Social Work Bursaries
Student Services

Name of child in childcare:									
Date from	Date to	Amount received							Official use only
26/12/2016	01/01/2017	£						.	
02/01/2017	08/01/2017	£						.	
09/01/2017	15/01/2017	£						.	
16/01/2017	22/01/2017	£						.	
23/01/2017	29/01/2017	£						.	
30/01/2017	05/02/2017	£						.	
06/02/2017	12/02/2017	£						.	
13/02/2017	19/02/2017	£						.	
20/02/2017	26/02/2017	£						.	
27/02/2017	05/03/2017	£						.	
06/03/2017	12/03/2017	£						.	
13/03/2017	19/03/2017	£						.	
20/03/2017	26/03/2017	£						.	
27/03/2017	02/04/2017	£						.	
03/04/2017	09/04/2017	£						.	
10/04/2017	16/04/2017	£						.	
17/04/2017	23/04/2017	£						.	
24/04/2017	30/04/2017	£						.	
Total paid for this period:		£						.	

Name of childcare provider:

Signature:

Date:

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Childcare provider's stamp (attach letterhead or compliments slip if no stamp)

Childcare provider declaration

I declare that the information I have given on this form is complete and accurate.
I confirm that I have agreed to provide childcare for the child named on this form and the payments charged for this period are correct.

I consent to Student Services contacting me to verify any of the information provided on this form and I agree to provide documentary evidence, if requested by Student Services, to confirm that the person named on this form has incurred the amounts stated overleaf.

I understand that Student Services may share the information on this form with NHS Protect for the purposes of the prevention, detection, investigation and prosecution of fraud or any other unlawful activity affecting Social Work Bursaries.

Name of childcare provider:

Signature:

Date:

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Childcare provider's stamp (attach letterhead or compliments slip if no stamp)

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